

Entered - 04/26/00 - sb
CL00L0259 - ALEXIS HOLMES

CLAIM OF: SANDRA C. THOMAS
522 Larchmont Circle, NW
Atlanta, Georgia 30318

01-P-1540

For damages alleged to have been sustained as a result of the theft of
a radio on January 18, 2000 at 770 Oak Street.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. G. JDCA*

C-23

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0259

Date: September 10, 2001

Claimant /Victim SANDRA C. THOMAS

BY: (Atty)(Ins. Co.) _____

Address: 522 Larchmont Circle, NW, Atlanta, Georgia 30318

Subrogation: Claim for Property damage \$ 40.00 Bodily Injury \$ _____

Date of Notice: 04/13/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 01/18/00 Place: 770 Oak Street

Department Fire Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her that her personal radio was stolen from her office at 770 Oak Street. The City is not responsible for the criminal actions of third parties. Furthermore, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-10-01

Committee Action: _____ Council Action _____

APR 13

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Today's Date: 03/29/2000

ENTERED - 04/26/00 - tew
00L0259 - DOBBS JORDAN

Jordan
04/20/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 40.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 01/18/2000
(month/day/year)

2. Police called: ☒ Yes ☐ No

3. Location of incident: 770 OAK STREET, ATLANTA, GA 30318

4. Name of your insurance company: _____ Policy No. _____

5. State what and how incident occurred: SOMEONE BROKE INTO 770 OAK STREET
REAL PROPERTY, ATLANTA FIRE DEPARTMENT, AND STOLE MY PERSONAL
RADIO OUT OF MY OFFICE.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

- The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

7. Witness: _____
(name) (address) (telephone number)

- The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

- This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SANDRA C. THOMAS
(claimant's name)
522 WASHINGTON CIRCLE, N.W.
(address)
ATLANTA, GEORGIA 30318
(city and state)
4-756-1921 4-691-2422
(work number) (home number)

01-R-1540